TOWN OF ELSMERE RENTAL PERMIT APPLICATION

No	No		Rental Property Address:	Property Owner:		
Yes	Yes		Street Address	First Name	Middle	Last
	X	e:	City State Zip	_		
file	file ::		Tax Parcel Number	Owners Home Address		
I/on	'On fil Date:		Type of Property:	-		
videc	/pap		Single Family Home Apartment	City	State	Zip
Pro	rovi					
Vehicle Info Provided/on file	Lease copy Provided/On file Date:		Business Other Number of Units:	Business Phone Number		Home Phone Number
	Lea		Residential Commercial Total			
1			Management Company (if applicable):			
OFFICIAL USE ONLY Method of payment: Cash Check #:			Name: Representative:			
			Address: Telephone:			
			City/State/Zip: Elsmere License Number:			
	ed:		City/State/21p.			
	Lic. No. Issued:	Unit Number: Date of occupancy (Month/Year):				
			Primary Occupants Name:	Home Phone:	Bus Phone	e:
	:	al: _	Total Number of Occupants: Bedroo	ome: Pathroome:	Total Square For	otogo
	er ID:		Total Number of Occupants: Adults Bedrooms: Bathrooms: Total Square Footage: Total Squa			
			Additional units require a separate application			
	C ner)	READ THIS			
	Customer ID:				ner of each rental	unit and a conv
	ರ	A copy of the lease or agreement between the tenant and owner of each rental unit a of the registration and color of all vehicles that will be kept at the property, or a statement				
			the unit is vacant must accompany this application.			
	By:_		Complete This Section for Commercial Rentals			
	Ξ.		Business Name of Primary Occupants:		Bus Phone:	
Received by:			Type of Business:			
			Name of Business Owner:			
	<u>.</u> =		Business Owners Home Address:			
	Delinquent Date checked:			Total Square Footage of Structure		
	che	<u> </u>	Additional units require a separate application			
	Date OVF		READ THIS			
	PR		A copy of the lease or agreement between the tenant and owner of each rental unit must be included			
	nque S AP					
	Delinquent NOT APPR					
			I hereby certify that the information contained in this application is true and correct to the best of my knowledge and I			
	OK		further certify that I am aware that I am required to notify the Town of Elsmere should any changes to the above information occur.			
j j	Tax Check: APPROVED					
paic	Tax Check: APPROVE					
Date paid:	Tax APP		Owner's Signature		Date	